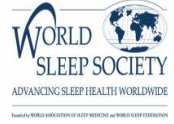




INDIAN ASSOCIATION OF SURGEONS FOR SLEEP APNOEA
(Associate Society Member of World Sleep Society)
No 1, 1st Cross St, Off II Main Road, RA Puram, Chennai, Tamil Nadu



Personal Assessment of IASSA Certified Training Program

(To be completed by trainee)

Candid and Confidential

Training Center : _____

Training Period : _____ to _____

Name (as expected to be printed on certificate): _____

Signature

IASSA Certified Training Program Evaluation Form

(To be completed by trainee)

This is a prerequisite to receive your certificate

Date : _____

Training Center : _____

Training Period : _____ to _____

Section 1: Overall Assessment

	Not Applicable	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The program is well rounded						
Patient material is adequate in numbers						
Patient material is mixed and diversified						
Curriculum is appropriate						
Didactic presentations are appropriate						
Instruction on decision-making is adequate						
Operating room experience is adequate						
Supervision by faculty is enough						
Clinical research exposure is available						
Overall, the training is enough to encourage independent clinical decision-making and management						

Comments:

Case Log for IASSA Trainee

Section 2: Out-Patient Assessment

	Observed	Independent	Total
History			
Sleep Study Interpretation - Level 1			
Sleep Study Interpretation - Level 3			
CPAP Titration / Prescription			

Section 3: In-Patient management

Procedure	Observed	Assisted	Performed	Total
DISE				
Nose				
Palate				
Base of Tongue				
External Procedures				
Skeletal Procedures				

Section 4: Research Work

Details of research work conducted

Signature